

MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH

63-035914

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 256

FILED OCT 14 1963

VS 300
Rev. 4/59

10425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Hennepin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton Mo</u>		c. CITY OR TOWN <u>Belton,</u>	
Length of stay in 1b <u>22 HRS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>2 miles west of Belton</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>RUSSELL</u> Last <u>WAKEFIELD</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10/23/17</u>
9. AGE (last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>	
11. BIRTHPLACE (City and state or country) <u>Brookville, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>David R. Wakefield</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Dial</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of) <u>Yes</u> <u>W. W. 2</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Mrs. George Rooke Portland Oregon</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basilar Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>22 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Automobile Accident Highway 7 - Mo.</u>	
20c. TIME OF INJURY Hour <u>7</u> p.m. Month, Day, Year <u>10-5-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 7 - Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Highway 7</u>	
COUNTY <u>Cass.</u>		STATE <u>Mo</u>	
21. I certified the deceased from <u>10-5-63</u> to <u>10-6-63</u> and last saw him alive on <u>10-6-63</u>		Death occurred at <u>7:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Edward N. King M.D.</u> (Degree or title) <u>Henry County Coroner</u>		22b. ADDRESS <u>1065 3rd Clinton Mo</u>	
22c. DATE SIGNED <u>10-8-63</u>		22d. ADDRESS <u> </u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10/8/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Belton, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>Oct. 8, 1963</u>	
23f. REGISTRAR'S SIGNATURE <u>E.K. George Belton Mo</u>		23g. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

1963 OCT 21

1963 OCT 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Gonzalez

Licensed Embalmer No. 1891

P. O. Address Clinton, MS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit obtained 10-8-63

(MS)